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Amplification of Legal Advocacy: Public Health Approaches to Releasing Immigrant Detainees at the Otay Mesa Detention Center, San Diego, California, United States

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Acronyms

Acquired Immunodeficiency Disease	AIDS
Al Otro Lado	AOL
American Civil Liberties Union	ACLU
Civil Rights Education and Enforcement Center	CREEC
Coronavirus	COVID-19
Customs and Border Patrol	CBP
Department of Homeland Security	DHS
Disability Rights Advocates	DRA
Human Immunodeficiency Virus	HIV
Immigration and Customs Enforcement	ICE
Lesbian, Gay, Bisexual, Transgender and Queer	LGBTQ
Otay Mesa Detention Center	OMDC
Own Recognizance	OR
Personal Protective Equipment	PPE
Post-Traumatic Stress Disorder	PTSD
Southern Poverty Law Center	SPLC

Abstract

This paper reviews the current health practices of Immigration and Customs Enforcement (ICE) detention centers, focusing on asylum seekers housed at Otay Mesa Detention Center (OMDC) located in San Diego, California, United States. Many asylum seekers, or foreign nationals who have been confirmed to have a credible fear of persecution in their home countries, regardless of how they enter the United States, are placed into Federal Immigration and Customs Enforcement detention centers. Two avenues for the release of detainees while they wait for their asylum cases to be heard by an immigration judge are bond and parole applications, the basis for this project and fieldwork. Asylum is a process that seeks to prove why a person cannot safely go home, bond and parole are processes that seek to prove why a person cannot stay in detention. A new holistic approach to both these processes includes the support of public health evidence. Public health professionals working with attorneys can be the difference between being sent back to their country of origin, released, continued detention, or life and death for many migrant detainees.

The collaboration highlighted in this fieldwork included me, serving as a public health intern, and the binational legal advocacy organization, Al Otro Lado (AOL) and their Otay Mesa Release Project. The Otay Mesa Release Project focuses on using bond and parole applications to get detainees released from detention so that they may fight their asylum cases as non-detained asylum seekers. Together we declared OMDC as a risk factor for negative health outcomes. Detainees have been documented to suffer from a number of ailments ranging from diabetes to PTSD and further suffer from compounded trauma from their experiences living in detention centers. By including public health facts and research in legal arguments, detainees represented by AOL attorneys now have a better chance at release than the national averages.

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Introduction

Post migration civil detention for asylum seekers in the United States can be the unexpected last leg of an already treacherous journey to freedom and safety. Many asylum seekers, regardless of their method of entrance into the United States, are placed into United States Federal Immigration and Customs Enforcement (ICE) detention centers. Asylum seeking migrants fleeing persecution in their countries of origin, who have credible fear of returning to their home countries, are placed into detention centers until their asylum cases can be heard in front of an immigration judge. The human rights monitoring and advocacy agency *Freedom for Immigrants* states that in 2018, 48% of their detained clientele were held in detention for two to four years, and only 7% of their detained clientele spent less than six months held in detention (Freedom for Immigrants, 2018). Since immigration detention is civil and not criminal, there is no determined punitive sentence. Instead, the time that migrants time spend incarcerated is indefinite.

Civil detention means detainees are not being held under criminal charges but held until they are authorized by the federal government to be released into the United States or deported back to their home country. Punitive incarceration means that a person has been convicted of a crime and is being held in a criminal jail. In detention centers, detainees are required to wear jail uniforms, are monitored by armed guards, and are surrounded by razor-wire fences, like people who have been charged and received a criminal sentence (McMorris-Santoro et al., 2019). In ICE detention centers, basic human rights are difficult to come by; hygiene, proper nutrition, medical care, and access to legal counsel is rare and many times inadequate (Blunt, 2018). Although immigration detention functions much like a prison does, legal representation is not appointed or offered like it is in a non-immigration criminal context. It is up to the detainee to find, and pay for, their own representation. For those who are fortuitous enough to obtain legal counsel for release

either through bond or parole, their attorney will focus on legal arguments and may unintentionally overlook an integrated approach to successfully advocating for their client. Conversely, public health professionals can take a holistic approach to what they see in a case file and can shed light on health disparities that exist within a detention center. Public health professionals working with attorneys can be the difference between being released, continued detention, or life and death for many migrant detainees.

Problem Statement

The daily average of people in ICE and Customs and Border Patrol (CBP) custody in 2019 was 50,165 (Immigration and Customs Enforcement, 2020). Many migrants held in ICE custody come from Central America (Ryo & Peacock, 2018), where gang violence, femicide, and police corruption are prevalent (Cheatham, 2019). The rates of trauma within the detained asylum seeker population are higher than that of non-detained asylum seekers (von Werthern et al., 2018). Similarly, rates of non-communicable diseases are in high concentration in the three countries that produce the most migrants to the United States: Guatemala, Honduras, and El Salvador (Center for Disease Control and Prevention, 2017), and are therefore in higher concentration within detention centers. Detainees suffer from such non-communicable health problems such as diabetes, cardiovascular disease, mental health disorders, hypertension, anxiety, depression, and post-traumatic stress disorder (PTSD), all a result of commonly known factors (i.e. poor diet) but also due to enduring violence, and other forms of persecution in their home countries and now in their adopted ones (Bonfiglio et al., 2020). Rates of communicable diseases are also in more concentration than that of the general population: HIV/AIDS, tuberculosis (Boardman et al., 2020), mumps, coronavirus (COVID-19), flu, all can be found within the ICE detention system (Bonfiglio et al., 2020). Additional documented health issues include the concentration of bodily injury within

the detainee population (i.e. injuries from months walking to the border, sexual and physical assault, even snake bites (*Id).* All these issues can increase health risks while in ICE custody, which has documented inadequate access to medical services, and subpar medical care (Blunt, 2018). There are many cases where a detainee suffers from multiple ailments at any given time. There are many instances pertaining to detainees that involve multiple health problems which are then compounded by the trauma of detention. Compounded trauma, also known as complex trauma, is developed after prolonged or repeated experiences of interpersonal trauma (i.e. a person can suffer from HIV, while fleeing persecution, then shackled in detention, all which compound trauma).

Vulnerable Detainee Sub-Groups

Along with health risks, many detainees come from rural areas or indigenous communities in their home countries and speak only indigenous languages and are therefore unable to communicate in the language of the host country (i.e. English). Frequently, these detainees may also not be able to speak the most prevalent language of the greater detainee population (i.e. Spanish) (Medina, 2019). These detainees are subject to what is known as linguistic isolation, which is defined by the United States. Census Bureau as living in a household in which all members aged 14 years and older speak a non-English language and speak English less than "very well" (i.e. have difficulty with English) (Link et al., 2006). In terms of immigration detention, linguistic isolation can leave detainees feeling anxious, neglected, and disrespected (Nawyn et al., 2012). It can result in anxiety and depression; living in a world where they do not know what is being said, what is happening about their immigration or health status, are unable to read signs, or understand instructions given by detention center staff (*Id.*). Linguistic isolation compounded with mental or physical vulnerabilities, poor diet and sleep habits, uncertain detention timeframes,

delayed court dates because the court cannot produce an interpreter in their native language, creates a profile of very high risk for negative health outcomes.

One of the most vulnerable population found in immigration detention is the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) population (Redcay et al., 2019). People who identify with the LGBTQ populations face the same persecution inside the detention center as they did in their home countries (*Id.*). Detainees, specifically transgender (trans) women, are 97% more likely to experience sexual and physical assault and prolonged detention and solitary confinement than any other detained population (Immigration Equality, 2020). Because of the high prevalence of sexual assault among trans women, HIV/AIDS and bodily injury is also widespread; however, compounded by substandard medical care, immigration detention centers carry an even higher potential to further exacerbate detainee trauma (Stauffer, 2016).

ICE Detention in San Diego, California

Vulnerabilities described above are seen at the national level and can be representative of individual immigration detention centers across the country, particularly those facilitated by private companies (private prison companies contracted by ICE to accommodate the number of detainees in the nation) such as Otay Mesa Detention Center (OMDC) located in the County of San Diego, California, near the Mexican border. To illustrate the demographics of OMDC let us look at the numbers. The average daily population in custody at OMDC in 2019 was 775 (Immigration and Customs Enforcement, 2020). Of those 775, the amount of people who were a "Non-ICE threat" was 680, or 88% (*Id.*). "Non-ICE threat" suggests the detainee has no criminal history nor violent crime offenses, is not a flight risk and is not a danger to themselves or others. Nonetheless, these detainees are still being detained for undefined spans of time awaiting

adjudication of their case by a United States immigration judge. The international nonprofit organization who researches and reports human rights violations, Human Rights Watch, states:

> "This is in contrast to the US criminal justice system, where no one is held in comparable circumstances (in pretrial detention, for example) without a hearing to determine if they are a flight risk or dangerous." (Stauffer, 2016, p. 8).

Under 25 United States Code § 1303, the law refers to this as a violation of *habeas corpus*. According to the Cornell School of Law, a writ of *habeas corpus* is used to bring a prisoner or other detainee before the court to determine if the person's imprisonment or detention is lawful (Kim, 2017). *Habeas Corpus* is a right that detainees have, even as noncitizens, yet is routinely denied.

It is important to note that OMDC is run by the for-profit, private prison company, CoreCivic. During the Obama Administration (2008-2016), an announcement was declared that the United States would begin to phase out private prisons citing the higher rates of assault that occurred in them. After this announcement, the stock prices of these private companies dropped by nearly 10% (Ahmed, 2019). However, the Trump Administration (2017-2021) ushered in a new era of profiting at the expense of incarcerated people. The morning after the election of Donald Trump, stocks in CoreCivic soared 34% (*Id.*). In 2017, GeoGroup and CoreCivic, the two largest private prison contractors in the country, made roughly four billion dollars in revenue, with ICE being the number one customer by revenue (Reuters, 2019). Furthermore, ICE pays private prison companies anywhere from $60 to $130 per day to hold, feed and care for each detainee (*Id.*). Even with this revenue, and the detainees working as custodial staff, kitchen staff, laundry staff, etc., for only one dollar per day in pay for their labor (*Id.*), CoreCivic still fails to uphold standards of living suitable for human habitation set forth by ICE. However, it did not stop CoreCivic from donating

$250,000 to President Trump's inaugural committee in 2016 (Ahmed, 2019) suggesting the corporation is aligned with an administration that has prioritized blocking legal immigration policies. From 2017 to 2019, 27 people have died in ICE custody. A report by the government's own investigators deemed private immigration detention centers to be "unsafe and unhealthy" (*Id.*), yet they remain to be a lucrative business.

Few instances encompass all the shortcomings of immigration detention conditions, particularly at OMDC, like the COVID-19 outbreak. By July 2020, OMDC became the first hotspot of detention centers with 168 positive cases within the detainee population, 11 ICE employees, and 30 CoreCivic employees (Associated Press, 2020). These COVID-19 cases show a blatant disregard for public safety during a pandemic, while cases spread throughout detention centers across the nation as ICE refused to release medically vulnerable detainees, disregarding the inability to social distance due to overcrowding (Rivlin-Nadler, 2020). In the early months of the pandemic when it became evident that protective masks and other personal protective equipment (PPE) were essential to slow down transmission, ICE and CoreCivic had PPE for the detainees but at a dangerous cost. According to the Public Broadcasting Service at San Diego State University-KPBS, ICE guards were giving female detainees masks only if they signed "acknowledgment agreements" releasing CoreCivic from any liability and if they refused to sign, they were refused the masks (Rivlin-Nadler, 2020). These agreements were written in English and some detainees could not read nor understand what they were being asked to sign, others did not want to sign in exchange for protective masks. Because the women refused to sign, no one was given a mask (*Id.*) and the spread of coronavirus rapidly continued.

Similarly, by late April the numbers of COVID-19 within OMDC grew to 111 positive cases sparking concern within the local community about the safety of detainees. One concerned

citizen was Assemblywoman Lorena Gonzalez (D-San Diego) who was able to gather 1,000 masks to donate to OMDC. However, upon arrival at the detention center with her donation, the Assemblywoman was turned away as CoreCivic and ICE guards refused to take the donation (Morrissey, 2020). The lack of proper COVID-19 safety protocols has resulted in OMDC being responsible for the first death from COVID-19 among the national detainee population (Rivlin-Nadler, 2020). As OMDC is a for-profit detention center, it is not in the interest of their bottom-line to release detainees, even during a pandemic and in doing so, have put the lives of the detainees at risk.

Background

Asylum

Immigration attorneys and advocates all over the nation are increasingly aware of the risks that detention centers pose in terms of human rights. There are several avenues to win the release of individual detainees depending on their mode of entry to the United States and the persecution they potentially face in their home countries. The first avenue for release is via asylum. Asylum is a protection granted to foreign nationals already in the U.S. or upon arriving at the border who are confirmed to have a credible fear of persecution in their home country (American Immigration Council, 2020). Asylum can be granted if the detainee is currently in removal proceedings and has a viable fear of persecution in their home country (American Immigration Council, 2020) and if they face persecution on behalf of their: religion, political opinion, nationality, race or for being part of a particular social group. Examples of a particular social group can include, but are not limited to, a detainee's gender, sexual orientation, and kinship ties (Catholic Legal Immigration Network, 2020). When arguing for the release of detainees through asylum, an important part of

an attorney's brief presented to the court is "country conditions." Country conditions are compiled evidence on the danger of a particular country in relation to the detainee. Country conditions can be hundreds of pages of news articles, scholarly studies, and journal publications, all with the intention of proving that if a detainee was to be returned to their country, they would be subject to persecution (McConnell, 2020). If a judge grants a detainee asylum, they are then let free into the country with no monetary bond cost. Being granted entry into the U.S. by way of asylum means that there is a track for citizenship, but it can take months of waiting in detention to obtain (International Rescue Committee, 2020). During those months that a detainee waits to have their case adjudicated, they are subjected to all the aforementioned health risks of detention.

The two other avenues for detainees to be released from detention is by bond or parole (Human Rights First, 2018). Parole in terms of immigration law is not the same as parole in terms of criminal incarceration, it is the avenue for release for those who presented themselves at a port of entry and are placed in immigration detention (*Id.*) and does not first require a criminal conviction. For this type of release, an attorney will submit a parole application to an ICE Deportation Officer who then makes the decision whether to release or keep the detainee, making ICE both the judge and jailer (*Id.).* Since ICE is both the agency that controls all immigration detention centers and acts as the agency that authorizes or rejects release under parole, it suggests a conflict of interest. If the ICE Deportation Officer does decide to release the detainee, it is upon receipt of a monetary amount set at their discretion (*Id.)*.

Bond is the avenue for release from detention for those who have entered the United States not at a port of entry, or without inspection by a CBP officer (*Id.)*. For this type of release, an attorney will request a bond hearing from an immigration judge and then argue for the detainee's release in immigration court (*Id.)*. If the judge decides to release the detainee, it is also upon receipt

of a monetary amount, which is set by the judge (*Id.)*. Both avenues, parole and bond, are to allow a detainee to await their asylum hearings outside of detention centers. In most cases, released migrants awaiting their asylum cases must wear ankle monitors to track their movements, even if they have been deemed to not be a flight risk (*Id.)*.

Overview of public health concerns in ICE detention

The above-mentioned processes of bond and parole requests are the basis for this project and fieldwork. Asylum proves why someone cannot go home, bond and parole prove why someone cannot stay in detention-- this is where public health has contributed. I obtained a public health internship with the San Diego office of the binational direct legal services nonprofit group *Al Otro Lado* (AOL), whose mission is to "provide legal services and to uplift our immigrant communities by defending the rights of migrants against systemic injustices in the legal system" (Al Otro Lado, 2019). Within the organization I was able to work with the Supervising Attorney, Anne Rios, in the Otay Mesa Release Project which is a program focused on using bond and parole requests to get detainees released from detention so that they may fight their asylum cases as non-detained asylum seekers. Non-detained asylum seekers have a better chance at winning their cases simply by better access to legal representation, access to social/family support, and allowing the migrant mental relief from the triggers and injustices of the detention center. In fact, non-detained asylum seekers with legal representation are eleven times more likely to win their cases than those who are detained and without counsel (National Immigrant Justice Center, 2020).

What this collaboration entailed was initially declaring OMDC itself as a risk factor for negative health impacts. We took the process of collecting country conditions for asylum hearings and applied it to the process of bond and parole briefs. By taking an individual's story of trauma or medical vulnerabilities, we were able to build cases as to how OMDC exacerbated these

vulnerabilities. For example, by collecting studies and articles from medical journals, psychological journals, Pub Med publications, and the like, we were able to build a database of evidence, or "detention conditions", as to why someone is at risk simply by living in OMDC, according to their ailment, illness or trauma.

For instance, one detainee was a transgender woman from Mexico. While in Mexico she was tortured, brutally raped, beaten, and held hostage for dressing like a woman. Because of the brutal rape, she contracted HIV and was left with tears in her anus and rectum. Upon arrival to OMDC, after presenting herself lawfully at a port of entry, she was stripped of her antiretroviral medication and placed in custody. She was then given outdated medication for her HIV, one that had been banned from the United States. years prior for its side effect of severe depression. Meanwhile, ICE refused to treat her wounds on her anus and rectum claiming that they were not a result of the facility and that treating them would be "too invasive". After several requests for medical attention, ICE locked her in solitary confinement to "protect" her from other detainees. In this situation, this detainee is highly traumatized, highly vulnerable and was subjected to exacerbation of trauma. She was previously held hostage in her home country, yet they placed her in solitary confinement which created retraumatization (Reichlin-Melnik, 2019). They gave her HIV medication that was known to cause severe depression, while she was cut off from the world in solitary confinement. They refused to treat her wounds, which made her fear for her life. Additionally, while all of this is happening to this detainee, OMDC was experiencing a mumps outbreak which she was very susceptible to, considering she was immunosuppressed with open wounds (Acevedo, 2019).

We were able to gather information and evidence that this person's health was at extreme risk if she was ordered to remain in ICE custody. The evidence included how solitary confinement

causes retraumatization in hostage victims (Mukhopadhyay, 2008) as well as evidence of trauma from asking for help with serious wounds and being refused help (Levin, 2019). Additionally, trauma was caused by the withholding of HIV medication as well as the change in medications that have serious side effects (Human Rights Watch, 2007). Further exacerbating trauma, severe depression has been found when someone is confined to a space such as solitary confinement and can have long-lasting mental health effects (Reichlin-Melnik, 2019). With all this evidence, we were able to win the parole request and get her released on her own recognizance (OR), for zero monetary bond, something almost never heard of in immigration proceedings. In a 2018 report by Syracuse University, it was found that only 1% of detainees were released on bond on their own recognizance, and nearly 40% had to pay $10,000 or more for release (Syracuse University, 2018).

We were able to successfully duplicate this process for dozens of detainees for a multitude of medical and mental conditions. The work done by the Otay Mesa Release Project prompted AOL's involvement in the class-action lawsuit, *Fraihat v. ICE* (Fraihat v. ICE, 2020), filed on August 19, 2019 by the Civil Rights Education and Enforcement Center (CREEC), Disability Rights Advocates (DRA), Orrick, Herrington & Sutcliffe, and the Southern Poverty Law Center (SPLC), with AOL as an organizational plaintiff. During the COVID-19 outbreak, this class-action lawsuit resulted in a judge ordering ICE and the Department of Homeland Security (DHS) to:

> "Address shortcomings in current plans and create 'minimum acceptable conditions' that all facilities must follow to ensure the safety of medically vulnerable immigrants who remain in custody." (Flynn, 2020, para. 4).

This ruling was also used in the decision from an immigration judge in Adelanto, California, who ordered immigration authorities to consider the release of all detainees who posed a heightened risk to COVID-19, citing that ICE had a

> "Slow and insufficient response to the pandemic which has put lives in jeopardy." (Flynn, 2020, para. 1).

This was an unprecedented win for immigration attorneys in Los Angeles, California and a win for the immigration attorney community.

Immigration detention, governed by DHS, is the only incarceration system in the United States that falls under the authority of the Executive Branch of the federal government and it is not overseen by individual states like other prison systems (The White House, 2020). Immigration law, therefore, is governed by the Attorney General and Presidential executive orders (United States Code, 2020). Because of this, laws are constantly changing, ratified, and rescinded daily. Anne Rios, Supervising Attorney for the Otay Mesa Release Project at AOL, stated that immigration law is:

> "the only court system that I have worked in where something is legal in the morning and can be changed by the afternoon." (Rosal & Rios, 2020)

Immigration law is ever changing and so we must be ever changing. The transitions experienced in immigration law set by executive orders or Attorney General rulings tend to create roadblocks in the immigration process and therefore we must be ready to overcome those roadblocks.

Scope of Work

Agency

Al Otro Lado (AOL) is a binational, social justice legal services nonprofit organization serving indigent deportees, migrants, and refugees in three locations: Tijuana, Mexico, San Diego and Los Angeles in Southern California. The organization began as a project in 2012

between two current board members, Nora Phillips and Esmerelda Flores. Ms. Phillips was then a staff attorney at the Central American Resource Center in Los Angeles, CA, and Ms. Flores was an attorney for the *Programa de Defensa e Incidencia Binacional* along the United States-Mexico border. Both attorneys quickly realized they had shared goals and outrage over systemic injustices within the United States immigration system and began to work together and often consult each other about their cases. From this collaboration, the project grew from consultations between themselves to a group of dedicated volunteers all working to help migrants into the country safely (Al Otro Lado, 2020). This collaboration eventually grew into a nonprofit organization with offices in three cities spanning two countries, with the mission: "to provide legal services and to uplift our immigrant communities by defending the rights of migrants against systemic injustices in the legal system." (*Id.)*.

The target population for the work that AOL does is for any person seeking refuge in the United States with a credible fear of returning to their home country. Credible fear typically stems from experiencing past persecution, or probability of future persecution, in the country of origin. Persons with a credible fear of persecution can come from anywhere, AOL has had clients from all over the world including, but not limited to, Mexico, Guatemala, Honduras, El Salvador, Haiti, Ghana, Cameroon, and Guinea (Al Otro Lado, 2020). However, since AOL works in the border region of Southern California and Northern Mexico, their target population is those who are seeking to present themselves at those ports of entry (i.e. San Ysidro Port of Entry).

While AOL has many services, its primary service is direct representation for migrants seeking asylum. Direct representation means that AOL attorney's represent clients, pro-bono, in court. They provide direct representation in asylum hearings, bond hearings and parole

applications. AOL also has a team dedicated to family reunification which works to reunite deported or detained parents with their children who are still in the United States either in detention centers themselves or living with family members. This service can also include an escort to the border and advocacy at the port of entry (Al Otro Lado, 2020).

As an organization, AOL also participates in class-action lawsuits, where they have challenged the practices of key players in immigration policy, in court. For example, they are the organizational plaintiff's in *Al Otro Lado v. Kelly,* which challenges the California Border Patrol (CBP) practice of denying asylum seekers access to the United States asylum system (*Al Otro Lado v. Kelly: Civil Rights Litigation Clearinghouse*, 2020). Additionally, AOL is co-counsel in the lawsuit *Gonzalez v. CoreCivic* which alleges that CoreCivic violates labor trafficking law by forcing detainees in their custody to work inside their private detention centers for little to no compensation (*Gonzalez v. CoreCivic, Inc.*, 2018). Finally, as previously mentioned, AOL participated in the class-action lawsuit *Fraihat v. Immigration and Customs Enforcement (ICE)*, which "challenges the federal government's failure to ensure detained immigrants receive appropriate medical and mental health care, its punitive use of segregation in violation of the Fifth Amendment of the United States Constitution, and its failure to ensure that detained immigrants with disabilities are provided accommodations and do not face discrimination as required by Section 504 of the Rehabilitation Act of 1973." (*Fraihat v. U.S. Immigration and Customs Enforcement: Civil Rights Litigation Clearinghouse*, 2020). The *Fraihat v. ICE* case is significant to mention in this paper as the lawsuit included this project and the overwhelming amount of health risks found from this research.

Fraihat v. ICE was devised following several cases that were argued by AOL staff which had a general theme of medical or mental vulnerable people enduring the mistreatment of ICE

and CoreCivic staff. It was originally submitted requesting the release of all detainees suffering from medical and/or mental vulnerabilities. However, once the world began to experience the detrimental effects of COVID-19, the case was considered by a judge in Los Angeles who then applied it to vulnerabilities caused by the pandemic. Preliminary injunctions were ordered by this judge for ICE to identify and consider release of detainees with the following vulnerabilities (Bernal, 2020):

- Pregnant detainees or those who have given birth within the last two weeks
- Detainees over 60 years old
- Detainees of any age having chronic illnesses which would make them immune-compromised, including but not limited to:
    - Blood disorders
    - Chronic kidney disease
    - Compromised immune system
    - Endocrine disorders
    - Metabolic disorders
    - Heart disease
    - Lung disease
    - Neurological and neurologic and neuro development conditions

After this ruling, ICE identified 131 detainees as medically vulnerable, but by May 8, 2020, 18 days after the preliminary judgment regarding *Fraihat v. ICE*, OMDC had released only 67 people (Morrissey, 2020). This preliminary judgement only applied to those vulnerable to contracting the coronavirus, while the class-action suit pertaining to all medically and mental vulnerable detainees (those who have vulnerabilities to illness besides COVID-19) is still ongoing.

Although they have a target population of anyone seeking refuge in the United States, there are demographics associated with those living in detention centers that AOL serves. According to a 2020 study, the majority of people held in ICE custody were between the ages of

26 and 35, and that between the years 2015 to 2018, 46% of detainees were male from Mexico, Guatemala, El Salvador and Honduras, and were without a previous arrest or conviction record (Ryo & Peacock, 2018).

AOL is led by a Board of Directors and several Program Directors. There are three directors in charge of Legal, Litigation, Policy, and Refugee Programs. Each individual office has a Supervising Attorney, Staff Attorneys, Volunteer Coordinators, and Paralegals (Al Otro Lado, 2020). For the purposes of this paper, we will be focusing on the San Diego office which has a Supervising Attorney, one Staff Attorney, one Legal Assistant, and a Post-Release Coordinator. The Supervising Attorney of the San Diego office, Anne Rios, is also the lead on the Otay Mesa Release Project.

Project Details

This project focuses on finding a new lens for human rights advocacy within the immigration legal system. The practices for advocating for the release of a detainee has also been according to the laws and requirements set forth by the Attorney General, based on three determining factors: flight risk, danger to the community, and whether the detainee has a place to live if released (i.e. family or sponsorship) (American Immigration Council, 2019). While this project has not challenged any of these requirements, it has forced the courts to consider ICE's role in allowing substandard medical care and has therefore demanded the release of detainees to sustain their health.

The objective of my project was to strengthen the arguments of the attorneys who fight for the freedom of detained migrants. The problem with the immigration detention center system, beyond punitive incarceration for civil detention, is that the conditions within the centers are

detrimental to physical and mental health and a risk factor for developing new health problems. This project focused on surfacing and documenting those risk factors and challenging them in front of judges and deportation officers. This project began by documenting the overwhelming complaints from detainees to AOL attorneys regarding the lack of hygiene items (e.g. soap, toilet paper). Redacting names for confidentiality, I mentioned to the attorney that with a condensed and overcrowded population, and the lack of hygiene items would be a prime environment for an outbreak of some kind. This is the first time we discussed this public health crisis regarding the detention center closest to us, OMDC. Very shortly after, there was an outbreak of mumps within OMDC, and detention centers all over the country (Acevedo, 2019). With seemingly no protections surrounding detainees from this outbreak, we investigated what else we could find related to health and wellness among the detained population and how else OMDC was failing to regard the health of the migrants.

Based on conversations with the attorney at AOL, I began my research by creating a database for tracking incidence of health-related vulnerabilities. For example, proving scientifically, why preventing a person living with AIDS from taking their antiretroviral medication for several months then reintroducing different medication is detrimental to that person's care plan and overall health. It was my goal to create a database of scientific evidence which would describe how OMDC was exacerbating illness in some and creating new illnesses in others. The database had six categories: domestic violence, kidnapping, solitary confinement, prolonged detention, linguistic isolation, and HIV/AIDS. All six of these categories would provide evidence as to how detention centers respond to the corresponding category. For example, putting someone in solitary confinement, or administrative segregation, is detrimental to the mental wellness of a person who has experienced kidnapping. Solitary confinement can

resemble places in which kidnapping victims have been held; placed in small rooms without windows, for an indefinite amount of time without knowing what will happen to them. This can trigger anxiety, panic attacks, PTSD, and insomnia (S. Brodsky et al., 2018).

The initial database was expanded to include an additional 12 categories, adding COVID-19, detention for LBGTQ, family separation, health conditions, health conditions for immunosuppressed persons, mental health, retraumatization, sexual assault, sexually transmitted infections, traumatic brain injury, trauma and immunosuppression and women in detention. Within each of these subcategories there are at least three research articles or studies regarding the exacerbation of the category by living in the detention center, totaling 60 articles of evidence. Each of these articles and/or studies were then provided as evidence in the same manner as country conditions so a judge has easy access to pertinent information, complete with an annotated table of contents created for each publication to further the ease of access to information for the attorneys, judges and deportation officers.

This new provision of public health research as a part of legal response was immediately used in parole applications and bond hearings. The success of a bond or parole request is not just whether a person is granted release or not, it can also be found in the amount of money a judge or deportation officer sets forth in the wake of an approval. Bond releases can have monetary bond in the amounts of $1,500 to $50,000. The closer the bail gets to $1,500 the more successful the win is considered to be because it is the minimum a judge can set without granting OR (A. Rios, personal communication, 2020). Once cases for bond or parole were granted with the additional documentation of public health arguments, we began to see detainees being released for lower monetary bond amounts, and on OR which, prior to this new public health approach, was not a common outcome. Because of the success of this program we decided to teach others

about this collaboration of professions through trainings at two national conferences: The National Legal Aid Defenders Association in 2019, and the National Center for Victims ofCrime in 2020.

Socioecological Model of Health

The level at which we are trying to create change is at the policy level, with class-action lawsuits such as *Fraihat v. ICE,* which resulted in an official order for ICE to screen detainees for medical vulnerabilities and release those who are classified as such during the COVID-19 pandemic (Bernal, 2020). We are attempting to create change at the community level, as we expand our method to immigration attorneys nationwide via workshops and trainings at national and local conferences. At the individual level, we have presented our method to the law students who complete their required intern hours with AOL, creating a new generation of immigration attorneys who know this process as a best practice. Finally, we are trying to create change at the interpersonal level, as we apply this public health analysis with individual clients conducted by their attorneys. For some detainees, the attorney who asks them about their health, their mental state, or their trauma, is often the first person to inquire about their current state of health. Sometimes having someone ask about their state of mind provides a more interpersonal connection and make someone feel more seen.

Role

As the public health intern at AOL at the San Diego office, my role was to hear client stories (names removed) and circumstances or instances of concern from the attorneys and then build a public health case around these stories, circumstances and instances. Some cases were as clear as “putting shackles on detainees hands has the possibility of triggering a person who has

experienced trauma from being locked up as a political prisoner" (National Center for Victims of Torture, 2019). Some were much more complex; for example, a detainee from Guatemala was bleeding from his eyes, nose and ears while detained at OMDC. This client was previously shot in the head, and while the wound itself was not causing the bleeding, he was not given adequate medical care to assess why he was bleeding so much. It came to light, after some research, ICE medical staff were administering only ibuprofen, which has blood thinning components, for the bleeding and headaches (Levin, 2019). I was able to show that ibuprofen has blood thinning components and attorneys proved this was subpar medical treatment. This is how each of my research categories emerged, because one detainee experienced one or more traumas/illnesses prior to reaching OMDC, and a practice at OMDC exacerbated the trauma/illness.

Methods

The methods by which I conducted my research was primarily through web searches for secondary data. Websites used for searches included Google Scholar, PubMed, and trustworthy news outlets such as the Guardian, Vice, The San Diego Tribune, and the Los Angeles Times. Other sources included the Gleeson Library on the University of San Francisco's website. Research was also conducted within human rights sites such as the American Civil Liberties Union (ACLU), and Human Rights Watch. I also used the print version American Journal of Public Health. For web searches, I would use key words pertaining to a circumstance or symptom and key words relating that symptom to United States immigration detention. It was important to narrow searches down to recent publishing, as immigration law changes often, and within the United States immigration system, as there is a lot of research done internationally.

Future Impacts

This project and research will impact those who seek asylum within the United States for years to come. Now that the process of finding evidence has been established, there is a foundation for future researchers to build upon, while slowly chipping away at the subpar medical practices that ICE detention centers have been administering behind closed doors since their inception. Now that the foundation has been established, we can teach it to more people, attorneys, public health professionals, and others in fields such as psychology, medicine, and sociology. As important, the impact made from public health and legal collaborations could change the way we look at human rights in all fields.

Public/Population Health Impacts: Findings and Implications

Findings

My role in this project was to take negative health outcomes of detainees in OMDC and relate those outcomes back to the practices and environment of OMDC. I collected complaints from attorneys from 27 detainees over the course of seven months, from January to July 2020. The 27 detainee complaints prompted research of 60 articles for evidence to be used in release proceedings. Usage of this database was tracked on a spreadsheet by the supervising attorney. Usage entails every time an attorney would submit health-related evidence with their briefs. Each case including health-related evidence was then tracked from submission to outcome and results were documented, including Alien number (used by ICE as detainee identification, and redacted from this study for privacy), type of release (bond, parole, own recognizance, asylum, and deportation), monetary amount for release (if applicable), and country of origin. Because of confidentiality, it was the responsibility of the attorneys to track this data and submit results only

for this fieldwork. In the future, tracking could include further demographics such as gender identities, languages, indigeneity, age, etc.

Quantitative Data

Of the above mentioned 27 detained cases, nine were released on parole, thirteen were released on bond, three were released under *habeas*, one was released with asylum, and one was deported (see Appendix B for image of the Excel spreadsheet). Six of these detainees were released with OR. These findings show that AOL had a 22% success rate in release with OR, compared to the national average of 1% (Syracuse University, 2018). Furthermore, of the 27 cases, three cases were released with a monetary bond or parole amount of $10,000 or higher; that is an 11% average for AOL, compared to the 40% national average (*Id.*). This quantitative data shows that the addition of health-related evidence into legal briefings have success ratings more desirable than those of the national averages.

Qualitative data

In addition to the quantitative data that was collected, a key informant interview was created in order to assess the impact of having health-related evidence on the approaches and outcomes of immigration court (See Appendix C for interview). This interview was intended for the attorney who had practiced immigration law prior to the implementation of health-related evidence, and after the implementation, resulting in only one interview being conducted. Limitations included the availability of attorney's who had experience before and after the implementation of health-related evidence. The San Diego, California office of AOL is staffed with one managing attorney and two staff attorneys; those two staff attorneys were onboarded

after the implementation of the health-related evidence and have only practiced immigration law with health-related evidence and therefore a contrast would not be able to be reached.

The results of this key informant interview revealed that the implementation of the health-related evidence has drastically changed the approach of the supervising attorney when preparing for and arguing cases for the release of detainees. Prior to the implementation of this program, the approach was solely addressing the risk of flight a detainee possessed and the danger they posed to society. After the implementation of this program, health evidence and humanitarian release have been included in all cases. The supervising attorney stated that the impact of this program has been "immeasurable" and expressed that a recommendation to other immigration attorneys to use this program is not only encouraged but has previously and continuously been presented to other attorneys and law school students as a best practice. Finally, this interview revealed that a multi-disciplinary approach to immigration law is an important and innovative approach to successful outcomes.

Next Steps

Research Implications and Recommendations

The findings of this research provide empirical evidence of the positive outcomes that can occur when taking an interprofessional approach to immigration law, specifically with public health. This approach would have successful outcomes intersecting law and other areas of study such as psychology, however, more research would need to be done to confirm this.

Program Implications and Recommendations

One systemic outcome of this research project is that knowledge of the effects of ICE treatment of detainees is being disseminated to the immigration judges and fellow attorneys. ICE is no longer operating behind closed doors. Recommendations for the program include training other immigration organizations how to implement this type of program and how to utilize the information collected. This information has already been presented at two national conferences; therefore, the recommendation would be to continue presenting to others. Furthermore, I would recommend that this program continue with new students. This program would benefit from another graduate student from the public health field of study, the psychology field of study, or the sociology field of study.

Policy Implications and Recommendations

Policy changes at the community level, the immigration legal community, would be very impactful. Because of the demonstrated success rate of utilizing this program, and the streamlined practices of ICE and immigration courts across the nation, other immigration lawyers could have similar success in their own geographical regions. This dissemination of information can also be accomplished by presenting at national conferences, staff orientations, and during interviews with various news media outlets.

Moreover, at the federal level, it is the recommendation that ICE utilize alternatives to detention for the purposes of ensuring a migrant attends their court proceedings. Despite claims by the current Trump Administration, statistics provided by the American Immigration Council show 97% of all immigrants placed in removal proceedings, and are not held in ICE custody, appear at their scheduled court dates, and as such the detention centers are only potentially

needed for 3% of migrants seeking asylum (American Immigration Council, 2020). This statistic shows that not only is immigration detention unnecessary, it is harmful. It is the recommendation that ICE detention centers, private and government, shut down and find alternatives.

Conclusion

This project has attempted to change the outcomes of immigration bond hearings and parole applications. By classifying OMDC as a high-risk location for negative health outcomes, we were able to provide strong empirical evidence for how these negative outcomes are traced back to OMDC. Although work for this project directly related to OMDC, literature reveals that the practices of ICE in the context of detention centers translates to many detention centers nationally. Subpar medical treatment, and substandard medical access are both problems that can, and have had, detrimental health and sometimes fatal consequences. By providing evidence of these inhumane practices, their impact they have had and potential alternative outcomes they could have, we have decreased the amount of money that people must pay for freedom and increased the amount of people who have been released from OMDC. Against a national average of 1% of people who are released from custody on their own recognizance, AOL has an average of 22% since using the evidence provided by this project.

Evaluation of this project was done both quantitatively and qualitatively. Quantitatively, a spreadsheet tracked each time a case was argued using the health-related evidence. The spreadsheet included information regarding the type of release (bond, parole, asylum, deportation), and the monetary payment required for release (if applicable). This spreadsheet shows evidence of the low release amounts, the zero bond amounts, and the few who were released on $10,000 or more. When compared to national averages, this spreadsheet can show

that the outcomes of cases argued by AOL with health-related evidence are more desirable. Furthermore, qualitative evaluation was completed via key informant interviewing which revealed that this research altered the way that AOL attorneys practice immigration law and that they would recommend its use in other geographical areas and in other detention centers.

The impact of this work extends passed the detainees who benefit from this project, but also is translatable for all immigration attorneys to use in their own jurisdictions. Because ICE is a federal agency, their practices and detention centers are streamlined across the nation which is what gives this research the ability to be duplicated anywhere in the country. Program recommendations are based in sustainability of the program and expanding it to include the psychology and sociology fields of study. It is imperative that this project remains ongoing as immigration policies are constantly changing. Policy recommendations at the community level are for immigration attorneys across the country to utilize this program. This can be accomplished via national conferences, staff orientations, community forums, college classroom presentations and similar platforms.

Finally, it is my recommendation that ICE finds alternatives to detention. Detention centers guarantee 100% of immigrants seeking asylum attend their court proceedings, however literature shows that 97% of immigrants who are not in ICE custody, and have legal representation, attend their court hearings. Furthermore, 83% immigrants who are not in ICE custody, and do not have legal representation, attend their court hearings. This 83% is largely due to the court appearance letters which are written in English, a language many cannot read, and is suggestive of the need for representation. The difference in statistics is not significant enough to accept the negative health outcomes produced by detention centers.

Citations

Acevedo, N. (2019, August 30). *Almost 900 migrants were exposed to a mumps outbreak while in detention, CDC says*. https://www.nbcnews.com/news/latino/almost-900-migrants-were-exposed-mumps-outbreak-while-detention-cdc-n1048261.

American Immigration Council. (2020, June 12). *Asylum in the United States*. American Immigration Council. https://www.americanimmigrationcouncil.org/research/asylum-united-states.

Bernal, J. (2020, April 20). Fraihat v. ICE Community Resources. Southern Poverty Law Center. https://www.splcenter.org/fraihat-v-ice-community-resources.

Blunt, M. (2018, June 20). *Code Red: The Fatal Consequences of Dangerously Substandard Medical Care in Immigration Detention*. Human Rights Watch. https://www.hrw.org/report/2018/06/20/code-red/fatal-consequences-dangerously-substandard-medical-care-immigration.

Boardman, N. J., Moore, T., Freiman, J., Tagliaferri, G., McMurray, D., Elson, D., & Lederman, E. (2020, April 16). *Pulmonary Tuberculosis Disease Among Immigrant Detainees: Rapid Disease Detection, High Prevalence of Asymptomatic Disease, and Implications for Tuberculosis Prevention*. OUP Academic. https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa434/5820624.

Bonfiglio, G., Rosal, K., Henao-Martínez, A., Franco-Paredes, C., Poeschla, E. M., Moo-Young, J., … Young, J. (2020, May 28). *The long journey inside immigration detention centres in the USA*. OUP Academic. https://academic.oup.com/jtm/advance-article/doi/10.1093/jtm/taaa083/5847847.

Catholic Legal Immigration Network. (2020, July 23). *BIA requires asylum seekers to identify particular social group*. Promoting the Dignity of Immigrants with Affordable Legal Expertise. https://cliniclegal.org/resources/humanitarian-relief/asylum-and-refugee-law/bia-requires-asylum-seekers-identify.

Centers for Disease Control and Prevention. (2017, January 25). *Non-Communicable Diseases (NCDs)*. Centers for Disease Control and Prevention. https://www.cdc.gov/immigrantrefugeehealth/profiles/central-american/health-information/chronic-disease/index.html.

Cheatham, A. (2019, October 1). *Central America's Turbulent Northern Triangle*. Council on Foreign Relations. https://www.cfr.org/backgrounder/central-americas-turbulent-northern-triangle.

Detention Management. (2020, September 21). https://www.ice.gov/detention-management.

Flynn, M. (2020, April 21). *ICE delayed its pandemic response, putting detainees at 'substantial' risk of harm, judge finds*. The Washington Post. https://www.washingtonpost.com/nation/2020/04/21/ice-coronavirus-detention-ruling/.

Fraihat v. U.S. Immigration and Customs Enforcement: Civil Rights Litigation Clearinghouse. (2020, April 20). https://www.clearinghouse.net/detail.php?id=17252.

Freedom for Immigrants. (2018). *Detention Statistics*. Freedom for Immigrants. https://www.freedomforimmigrants.org/detention-statistics.

https://alotrolado.org/.

Human Rights Watch. (2007, December). *Chronic Indifference: HIV/AIDS Services for Immigrants Detained by the United States, Human Rights Watch (2008)*. The Center for HIV Law and Policy. https://www.hivlawandpolicy.org/resources/chronic-indifference-hivaids-services-immigrants-detained-united-states-human-rights-watch.

Immigrants and Families Appear in Court. American Immigration Council. (2020, January 8). https://www.americanimmigrationcouncil.org/research/immigrants-and-families-appear-court.

International Rescue Committee (IRC). (2020, September 16). *How immigrants and refugees become U.S. citizens*. International Rescue Committee (IRC). https://www.rescue.org/article/how-immigrants-and-refugees-become-us-citizens.

Kim, J. (2017, June). *Habeas Corpus*. Legal Information Institute. https://www.law.cornell.edu/wex/habeas_corpus.

Levin, S. (2019, October 9). *This asylum seeker was shot in the head. Ice jailed him and gave him ibuprofen*. The Guardian. https://www.theguardian.com/us-news/2019/oct/08/us-immigration-ice-asylum-seeker-detention-rolando.

Link, M. W., Mokdad, A. H., Stackhouse, H. F., & Flowers, N. T. (2006, January 1). *Race, Ethnicity, and Linguistic Isolation as Determinants of Participation in Public Health Surveillance Surveys*. Preventing Chronic Disease: Public Health Research, Practice and Policy. https://www.cdc.gov/pcd/issues/2006/jan/05_0055.htm.

McConnell, A. (2020). *Country Conditions Reports*. United Nations High Commissioner for Refugees. https://www.unhcr.org/en-us/country-reports.html.

McMorris-Santoro, E., Seidman, J., & Daza, R. (2019, August 2). *We Got Cameras Inside One of the Biggest ICE Detention Centers. This Is What We Saw*. https://www.vice.com/en_us/article/xweqgn/we-got-cameras-inside-one-of-the-biggest-ice-detention-centers-this-is-what-we-saw.

Medina, J. (2019, March 19). *Anyone Speak K'iche' or Mam? Immigration Courts Overwhelmed by Indigenous Languages*. The New York Times. https://www.nytimes.com/2019/03/19/us/translators-border-wall-immigration.html.

Morrissey, K. (2020, April 26). *Advocates with mask donation turned away from San Diego immigration detention center*. Los Angeles Times. https://www.latimes.com/california/story/2020-04-25/advocates-with-mask-donation-turned-away-from-san-diego-immigration-detention-center.

Morrissey, K. (2020, May 9). 65 more medically vulnerable ICE detainees released from Otay Mesa Detention Center after judge's order. Tribune. https://www.sandiegouniontribune.com/news/immigration/story/2020-05-08/65-more-medically-vulnerable-ice-detainees-released-from-otay-mesa-detention-center-after-judges-order.

National Immigrant Justice Center. (2020). *Access to Counsel*. National Immigrant Justice Center. https://immigrantjustice.org/issues/access-counsel.

Nawyn, S. J., Gjokaj, L., LaFa Agbenyiga, D. B., & Grace, B. (2012, January 25). *Linguistic Isolation, Social Capital, and Immigrant Belonging*. SAGE Journals. https://journals.sagepub.com/doi/10.1177/0891241611433623.

Press, A. (2020, July 19). *How the coronavirus spread through Otay Mesa detention facility*. KGTV. https://www.10news.com/news/coronavirus/how-the-coronavirus-spread-through-otay-mesa-detention-facility.

Redcay, A., Luquet, W., & Huggin, M. K. E. (2019, April 8). *Immigration and Asylum for Lesbian, Gay, Bisexual, and Transgender Individuals*. Journal of Human Rights and Social Work. https://link.springer.com/article/10.1007/s41134-019-00092-2.

Refugee Status - Can it Lead to Citizenship? hg.org. (2020). https://www.hg.org/legal-articles/refugee-status-can-it-lead-to-citizenship-45686.

Reichlin-Melnik, A. (2019, May 31). *ICE Uses Solitary Confinement on Immigrants Who Are Transgender, Suicidal*. Immigration Impact. https://immigrationimpact.com/2019/05/31/ice-uses-solitary-confinement/.

Reuters. (2019, January 18). *$11 toothpaste: Immigrants pay big for basics at private ICE lock-ups*. CNBC. https://www.cnbc.com/2019/01/18/11-toothpaste-immigrants-pay-big-for-basics-at-private-ice-lock-ups.html.

Rivlin-Nadler, M. (2020, April 14). *Otay Mesa COVID-19 Outbreak Now The Largest At A US Immigration Detention Center*. KPBS Public Media. https://www.kpbs.org/news/2020/apr/14/otay-mesa-detention-center-now-largest-immigration/.

Rivlin-Nadler, M. (2020, May 14). *Top DHS Official Says ICE Won't Release Detainees Just To Avoid COVID-19 Risk*. KPBS Public Media. https://www.kpbs.org/news/2020/may/13/acting-homeland-security-secretary-tours-border-sa/.

Rosal, K., & Rios, A. (2020, August). personal.

Ryo, E., & Peacock, I. (2018, December 5). *The Landscape of Immigration Detention in the United States*. American Immigration Council. https://www.americanimmigrationcouncil.org/research/landscape-immigration-detention-united-states.

Stauffer, B. (2016, March 23). *"Do You See How Much I'm Suffering Here?"*. Human Rights Watch. https://www.hrw.org/report/2016/03/24/do-you-see-how-much-im-suffering-here/abuse-against-transgender-women-us.

Syracuse University. (2018, July 2). *Three-fold Difference in Immigration Bond Amounts by Court Location*. TRAC Immigration. https://trac.syr.edu/immigration/reports/519/.

The United States Government. *The Executive Branch*. The White House. https://www.whitehouse.gov/about-the-white-house/the-executive-branch/.

US Code. (2020, September 26). §1103. Powers and duties of the Secretary, the Under Secretary, and the Attorney General. https://uscode.house.gov/view.xhtml?req=granuleid%3AUSC-prelim-title8-section1103.

von Werthern, M., Robjant, K., Chui, Z., Schon, R., Ottisova, L., Mason, C., & Katona, C. (2018, December 6). *The impact of immigration detention on mental health: a systematic review*. BMC psychiatry. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6282296/.

Appendix A

Masters in Public Health (MPH) Competencies List for Integrated Learning Experience		
Domain	**Competency**	**Method of Achievement**
Evidence-based Approaches To Public Health	#4. Interpret results of data analysis for public health research, policy and practice	When compiling data, we can see trends in how detention guards handle each ailment, illness, or injustice (i.e. trans women, PLWAIDS, etc.) and convert that data into evidence which will then be used for harm reduction.
Public Health & Health Care Systems	#6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels.	Because this is immigration detention, social inequities and racism, especially in this political climate, is very evident and can be shown within the detention center, treatment of detainees, and within the court system in terms of language barriers. Challenges are going to be trying to create social change; in the current political climate, these people are being deemed problems, criminals, and evil. Social change will be challenging.
Planning & Management to Promote Health	#7. Assess population needs, assets and capacities that affect communities' health	Collecting data of the health problems of this population, and then comparing the lack of accessibility and finding the resources available to them.
Policy in Public Health	#14. Advocate for political, social and economic policies and programs that will improve health in diverse populations.	The social climate needs to change. We plan to re-humanize the detainees and migrants so that we can help and not hinder their health. We have created presentations/education to share with immigration defense attorneys to advocate for policy changes within legal organizations.
Community and Public Health	#2. Analyze how issues of power, race and ethnicity, sex and gender identity, and socioeconomic factors affect the development, implementation, and evaluation of community-based projects.	This project will be the epitome of power, race, ethnicity, sex, gender identification and socioeconomic disparities in this country. I will be able to clearly show how our immigration system purposefully denies human rights to people who are not the American citizens. It is because of these biases and prejudice that this partnership is even needed.
Community and Public Health	#5. Identify environmental health risks in vulnerable communities and examine strategies to reduce exposures.	The environmental risk factor is the detention center. With enough evidence of cruel treatment or neglect, we will be able to devise a case for policy change which will reduce exposure. The vulnerable community here is migrants in immigration detention.

Appendix B

AOL cases argued with public health evidence

	A	B	C	D	E
1	**A#**	**Action Item**	**Who**	**Outcome**	
2	[redacted]	Parole	[redacted]	Parole Submitted/I-589 Prepped/Parole Granted for $0! Released 1.9.2020 MCH 1.13.2020 for COV	
3		Parole		Parole Granted! $5K-- being paid and client being released. :)	
4		Bond		Bond granted for $3K!	
5		Bond		Bond granted for $6K!	
6		Bond		Bond granted for $4K!	
7		Bond		Bond granted for $5K	
8		Parole		Bond granted for $5K	
9		Bond		Bond for $2500!	
10		Bond		Bond for $2500!	
11		Bond		Bond for $7500	
12		Asylum		Won Asylum!	
13		Parole		Parole for $3K!	
14		Bond		$0	
15		Parole		parole for $20K	
16		Parole		parole on OR from HCDC!	
17		Habeas		$12,500	
18		Parole		OR	
19		Bond		$6,000	
20		Habeas		OR	Guatemala
21		Habeas		OR	El Salvador
22		Parole		$7,000	Cameroon
23		Bond		$5,000	Haiti
24		Bond		$7,000	Haiti
25		Aleman Bond		$1,500	Mexico
26		Pro Bono/Merits/Bond		$10,000	Guatemala
27		Parole		Parole for $3K!	Haiti
28				Removal	DRC

FREEDOM

Appendix C
Attorney Interview

1. What were the general arguments you prepared when going into court for a bond hearing or parole brief prior to the addition of health-related evidence?

2. How has having the addition of health-related evidence changed the way that you approach immigration law now that it has been implemented?

3. Describe the success you've had with using the health-related evidence.

4. Describe any challenges having health-related evidence has posed for you.

5. Would you recommend other immigration attorneys to use this method?